CAHPS® Survey Users Network
9th National User Group Meeting
CAHPS® Across the Health Care Continuum

POSTER SESSION SUMMARY

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POSTER SESSION SUMMARY

Presenter: Jennifer Todd and Darin Bell

Organization: DSS Research
Fort Worth, TX

Title: Patient/enrollee satisfaction with healthcare and health plan

Summary: The findings of the present study show that healthier patients, older patients, males, those with a lower level of education, those who perceive system performance to be high and those with lower levels of system usage are more satisfied with both their healthcare and health plan than their opposite counterparts. Regarding the incremental effects of these variables, the most striking finding is the strong, pivotal role of physicians in influencing patient satisfaction with healthcare. In regard to satisfaction with health plan, the extent of the problems that members have had with their health plan has by far the largest statistical influence on their satisfaction with that plan. The effects of other independent variables including the three demographic variables, self-stated health status, number of visits to doctor's office or clinic, and issues related to access, though significant, show relatively small statistical influences on overall satisfaction with healthcare and health plan.

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POSTER SESSION SUMMARY

Presenter: Lynn Ford-Somma PhD

Organization: Excellus Health Plan
Rochester, NY

Title: Improving usefulness and member understanding of health plan information

Summary: Two service improvement initiatives were identified using CAHPS data: written materials and finding a doctor. Additional research (e.g., focus groups, supplemental CAHPS questions, other surveys) was done to determine specific issues that needed to be addressed. Both issues merged into "information needs" by members. Barriers were identified. Several improvements have begun as a result.

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POSTER SESSION SUMMARY

Presenter: Susan Milner

Organization: Maryland Department of Health and Mental Hygiene
Baltimore, MD

Title: Consumer Reported Experiences with Care: How do Children with Special Health Care Needs Fare in Maryland's Medicaid & SCHIP HMOs?

Summary: Background: Children with Special Health Care Needs constitute at least one-fifth of children enrolled in public coverage programs. Few studies have looked at experiences with care among children with special health care needs enrolled in Medicaid and SCHIP managed care plans using the Consumer Assessment of Health Plans Survey (CAHPS).

Objectives: (1) To identify factors associated with negative experiences with care among children enrolled in Maryland's Medicaid/SCHIP managed care plans; (2) to examine differences in experiences with care between special needs children and healthier children, paying particular attention to children requiring the use of mental health and therapy services that have been "carved out" of health plan capitations; and (3) to examine differences between respondents and non-respondents with respect to children's health status, coverage group, region, and demographic characteristics.

Data Sources: The primary data source for this study was Maryland's 2001 Medicaid Child 2.0H CAHPS. Health status and geographic information from Maryland's Medicaid and SCHIP claims/encounter data file and coverage group information from the state's eligibility file were appended to respondent and sampling frame survey data. Survey respondents included 4,664 children, 1,820 of them children with special health care needs. The sampling frame consisted of 13,422 children, 5,648 of them children with chronic health care conditions.

Study Design: Logistic regression was used to assess the effects of child, caregiver, health plan, and regional characteristics on the five global CAHPS experiences with care measures and on survey response.

Findings: Children requiring mental health services and occupational, physical or speech therapy services (i.e., carve-out services) reported greater problems with access to and timeliness of care than other children, after controlling for demographic, caregiver, health status, health plan and regional characteristics. These findings were largely true regardless of whether special needs children were defined using claims/encounter data or using caregiver reported information. After controlling for other factors, children with caregivers who did not speak English at home were more than twice as likely to report problems on all reporting measures except plan customer service. Neither race nor Medicaid/SCHIP coverage group were significantly associated with any of the five global composite measures. Regional differences were more important than health plans in explaining problems with care, after controlling for other factors. Non-respondents were more likely than respondents to the survey to live in urban areas and be non-white, younger, lower-income, and healthy.

Conclusions: Conducting an in-depth, individual-level analysis of CAHPS measures can provide state Medicaid and SCHIP programs with additional information for quality assessment and improvement. Maryland should consider eliminating carve-outs from its Medicaid/SCHIP managed care program or, at the very least, restructuring them. The state should also consider targeting linguistic minorities in its quality improvement efforts. Additionally, thought should be given to tracking and trending CAHPS data regionally. Finally, to the degree that caregivers of children with greater morbidity are more likely to report negative experiences with care, the study provides some evidence that unadjusted plan-level reports may be biased in a negative direction.

FUNDING: Agency for Health Care Research and Quality, Health Services Dissertation Award (1-R03-HS013998-01); Health Resources and Services Administration (HRSA), Maternal Child Health Bureau, Maternal Child Health/Economic and Finance (Pre-Doctoral) Fellowship

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POSTER SESSION SUMMARY

Presenter: A.C. Myers

Organization: The Myers Group
Snellville, GA

Title: Relationship of Selected Custom Questions with Overall Satisfaction with Health Plan

Summary: Exploring alternate sources of identifying member satisfaction through the usage of correlation analysis. Selected NCQA approved custom questions will be analyzed to determine the strength of the relationship with the overall satisfaction with health plan (Q49).

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POSTER SESSION SUMMARY

Presenter: Dave Bahlinger

Organization: The Myers Group
Snellville, GA

Title: Composites and attributes identified as Key Drivers of Member Satisfaction

Summary: Using regression analysis to identify those composites most closely related to member satisfaction (Q49). Once these composites are identified, further correlational analysis will be done on the attributes that comprise the composites and overall satisfaction.

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POSTER SESSION SUMMARY

Presenter: Kevin Horne

Organization: The NRC+Picker Group
Lincoln, NE

Title:

Summary:

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POSTER SESSION SUMMARY

Presenter: Susan Palsbo

Organization: NRH Center for Health & Disability Research
Washington, DC

Title: New Methods to Identify People with Disabilities to Administer the CAHPS®

Summary: Almost 20% of people ages 15-64 report some level of disability. Of these, over 90% (29 million people) have a mobility limitation. Almost half have health insurance through their employers. Employers need assurance that their employees and family dependents with disabilities are receiving the same quality of health care as employees without disabilities. This poster describes a study evaluating the utility of routine claims data to identify people with disabilities for a targeted CAHPS survey, such as the CAHPS for People with Mobility Impairments.

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POSTER SESSION SUMMARY

Presenter: Susan Palsbo

Organization: NRH Center for Health & Disability Research
Washington, DC

Title: Developing a CAHPS-like Survey for Adults with Physical Disabilities

Summary: People with physical disabilities have significantly less access to preventative care, therapy, supplies, equipment, and access to specialists than people without disabilities. Since many people with physical disabilities have a "thinner margin of health," they deteriorate more rapidly if they encounter barriers to care and ultimately drive up health care costs. Our previous research suggests that the CAHPS instruments touch on most important content areas but omit some topics. We drew extensively from the CAHPS® family of surveys, including the Adult CAHPS® and the Medicaid CAHPS®. We added content areas identified in our previous research. We conducted cognitive testing of the new instrument. People had difficulty with several questions. In the CAHPS®, global ratings range from 1-10. Our study group found this scale to be too large. They also objected to the term "special", such as "special therapy" or "special equipment". Relatively small changes to wording will make the existing CAHPS questionnaires more palatable to adults with physical disabilities, and may improve response rates by this often overlooked population of heavy utilizers. A small number of supplemental questions should be developed to target access barriers often encountered by adults with physical disabilities.

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POSTER SESSION SUMMARY

Presenter: Pei-Shu Ho, Sue Palsbo, & Philip Beatty

Organization: NRH Center for Health & Disability Research
Washington, DC

Title: Extending the CAHPS® to Adults with Physical Disabilities: The MnDHO Field Test

Summary: While the Consumer Assessment of Health Plans (CAHPS®), a set of carefully tested and standardized questionnaires, has been widely used for different populations, its content is not specifically relevant to people with disabilities. The objective of this study is twofold: (a) to develop a survey instrument that includes disability specific content and questions and (b) to evaluate the content validity and internal consistency of the survey instrument. The survey instrument was developed based on several sources, including CAHPS® 2.0 questionnaires, our previous work in identifying health care topics that are important to adults with physical disabilities, and input from a consumer forum. We refined the content and the wording of the survey instrument by working with researchers, providers, consumers, and the payor. We pilot tested the baseline survey instrument with three people with physical disabilities from the Courage Center in Minnesota. The internal consistency test was evaluated based on a total of 106 Minnesota Disability Health Options (MnDHO) enrollees who completed the baseline survey over the phone between 2002 and 2003. Most of the internal consistency reliability estimates for the multi-item composites were generally acceptable (i.e., 0.70 or higher) except for measures of access to medical offices or buildings other than primary care clinic and promptness of care.

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POSTER SESSION SUMMARY

Presenter: Pei-Shu Ho & Susan Palsbo

Organization: NRH Center for Health & Disability Research
Washington, DC

Title: Consumer Assessment of Quality and Access in a Managed Medicaid Demonstration for Adults with Physical Disabilities

Summary: In 2001, Minnesota established a demonstration managed Medicaid program for working-age adults with physical disabilities. This program, Minnesota Disability Health Options (MnDHO), uses care coordinators to arrange Medicaid-covered services. The objective of this study is to compare quality of care and access to care of MnDHO program versus fee-for-service program, as perceived by the consumers. Ninety-four (n=94) consumers with physical disabilities and previously in the fee-for-service program responded to the CAHPS®-like survey over the phone at enrollment and one year later. Eighty percent of them reported having limitations in performing activities of daily living and instrumental activities of daily living. Over half of them were eligible for both Medicaid and Medicare. The results show that consumers perceived improved quality of care and access to care in MnDHO program that uses care coordination and disability-sensitive provider panels.

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POSTER SESSION SUMMARY

Presenter: Galina Priloutskaya, PhD, MBA, Tim Voskuil, MS, CQM, CQE

Organization New Mexico Medical Review Association

Title: Using CAHPS® Data for Statewide Quality Improvement Activities

Summary: This poster will present the use of the CAHPS® data in two projects the QIO completed and a third being planned:

1. Increase flu and pneumonia immunization rates in Hispanic Medicare beneficiaries

   Goal: to reduce disparity in immunizations between Hispanic and non-Hispanic Medicare beneficiaries

2. Collaboration with Medicare Advantage plans on cultural competency project

   Goal: identify and describe promising culturally competent provider practices used in various New Mexico health care settings serving low-income and multicultural Medicare beneficiaries.

   Methods:

   - Conduct an extensive literature review; conduct primary research through interviews and focus groups with providers, administrators, and office staff
   - Identify patient preferences concerning culturally competent care through interviews and focus groups with culturally diverse groups of Medicare beneficiaries
   - Distill insights from provider and beneficiary data collection into practical, easy-to-use guidelines applicable to varied health care settings and accompanied by methods and insights for effective implementation.
   - Design an intervention by which NMMRA can implement and evaluate the impact and usefulness of the guidelines and implementation tools in New Mexico practices

3. Technical and informational support of the statewide Clinical Preventive Initiative and Immunization Consortium.

   Goals:

   - Identify target population (e.g., race/ethnicity, geographical location)
   - Select effective interventions
   - Identify target areas for improvement
   - Organize focus groups for measuring the effectiveness of interventions

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POSTER SESSION SUMMARY

Presenter: Ned Lustbader

Organization: Primary Care Development Corporation
New York, NY

Title: CAHPS Improvement: Customer Service and Communications

Summary: In 2004, a local Medicaid Managed Care Plan (MetroPlus Health Plan) approached PCDC to design and implement an improvement initiative for Woodhull Medical and Mental Health Center (an acute care facility that is part of NYC's public hospital system). The intent of the program was to improve patient satisfaction in the pediatric outpatient practice as measured by the CAHPS survey. Launched in April 2004, PCDC worked with New York University to analyze CAHPS scores from Woodhull's Pediatric Practice and design specific improvement strategies targeted at provider-patient interactions. PCDC provided team members with customer service and communications interventions and strategies (such as offering excellent greetings, hand-offs, and exits, listening with presence, offering empathy, asking open-ended questions, confirming understanding, for example), which were first tested (using a method for rapid-cycle testing) by a pilot group of staff and are now being rolled out to the entire staff in the practice.

The improvement program also included monthly monitoring of core measures, a communication system between team members and senior leaders, coaching by PCDC staff, and a planned strategy for implementing and rolling out all customer service and communication strategies to the entire department staff. Interim data indicate that scores measuring the friendliness of staff, the extent to which staff demonstrate respect for patients, personal attention to patients, and helpfulness of staff have improved. PCDC has started discussion with MetroPlus about applying the program to CAHPS performance at other facilities

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POSTER SESSION SUMMARY

Presenter: Charles Humble

Organization: Veterans Health Administration
National Performance Data Feedback Center
Durham, NC

Title: Optimizing Data Collection in VA's Patient Surveys

Summary: The current method for collecting patient satisfaction data in veteran patient satisfaction surveys is a four-step process that includes a pre-notice, 1st survey, reminder post card and 2nd survey. It is both long and costly. Eliminating one or more of the steps offers the opportunity to redirect resources from less productive steps (e.g., 2nd survey mailings) to more productive steps (e.g., 1st survey mailings). Such a change may also shorten the data collection process by several weeks and lessen the delays between delivery of care and the data describing the patients' experiences of that care. However, as response rates underpin the reliability and validity of reported results, it is important that no changes to current methods be made without proper piloting in advance.

The double mailing of survey questionnaires is a key feature of the current VA survey method. Extensive analysis from recent survey cycles shows that in the Outpatient surveys, ~85% of surveys that will eventually be returned are received before the effect of the 2nd survey is felt. Despite several demographic differences in second wave respondents, extensive analytic comparison of VHSS scores based on first questionnaire data and both questionnaire data shows very little difference (i.e., < 1 % in the satisfaction scores) for all composite scores in the national data. Although response rates ran 15-20% less among Inpatient veterans, the response patterns and general agreement of scores described above for Outpatients applies in the Inpatient surveys, as well. The pre-notification ("pre-note") letter and thank you/reminder postcard improve response rates in general population surveys, but their influences on questionnaire returns and satisfaction scores in the veteran population have not been evaluated.

An "8-Way Pilot" was used to test the effects of pre-note, reminder postcard and second survey on response rates and composite scores. Separate pilots were used for Inpatients and Outpatients with total samples in each patient group of over 12,000 and 24,000, respectively. Results to be presented will demonstrate the degree to which dropping different facets of the survey process affects survey scores and response rates. If dropping one or more survey components does not have a large effect on response rates and does not appreciably affect scores, the resources saved could be used to expand the sample sizes across the board and strengthen the statistical power of results.